



Practitioner's Docket No. TAL: 3983.003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jaqua, Evan

Group Art Unit: 2655

Serial No.: 09/768.989

Examiner: Wozniak, James S.

Filed : 01/23/01

Title : A DATA PROCESSING SYSTEM FOR SEARCHING AND COMMUNICATION

Chernoff, Vilhauer, McClung & Stenzel, L.L.P.  
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REC-117

NOV 0 8 2004

November 1, 2004

Assistant Commissioner for Patents  
Washington, DC 20231

Technology Center

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for the above captioned application.

**STATUS**

2. Applicant is:

☒ a small entity

☐ other than a small entity.

**EXTENSION OF TIME**

3. The proceedings herein are for a patent application and the provisions of 37 CFR §1.136 apply. The applicant petitions for an extension of time under 37 CFR §1.136(a) for the total number of months checked below:

Extension (months)	Fee (other than small entity)	Fee (small entity)
<input checked="" type="checkbox"/> one month	110	55
<input type="checkbox"/> two months	430	215
<input type="checkbox"/> three months	980	490
<input type="checkbox"/> four months	\$1,530	765
<input type="checkbox"/> five months	\$2,080	\$1,040

Fee \$ 55

If an additional extension of time is required, please consider this a petition therefor.

An extension for \_\_\_ months has already been secured and the fee paid therefor of \_\_\_\_\_ is deducted from the total fee due.

Extension fee due with this request \$ 55

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. §1.16(b) -(d) has been calculated as shown below:

Claims remaining after amendment		Highest no. claims previously paid for	Present extra	Rate		Additional Fee
				Small entity	Not a small entity	
Total	<u>45</u> minus	45	* = 0	9	18	\$0
Independent	<u>6</u> minus	6	** = 0	44	88	\$0
<input type="checkbox"/>	First Presentation of Multiple Dep. Claim			150	300	\$0

\*If the highest number of claims previously paid for is less than 20; enter 20.

\*\*If the highest number of independent claims previously paid for is less than 3; enter 3.

Total additional fee for claims required.      \$0.00

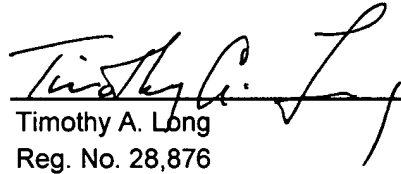
### FEE PAYMENT

5. ☒ Attached is a check in the sum of \$55.00

☐ Charge Account No. \_\_\_\_\_ the sum of \_\_\_\_\_

### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 03-1550

  
 Timothy A. Long  
 Reg. No. 28,876

Tel.: 503.227.5631



## TRANSMITTAL FORM

(to be used for all correspondence after initial  
filing)

Application Number	09/768.989
Filing Date	01/23/01
First Named Inventor	Jaqua
Group Art Unit	2655
Examiner Name	Wozniak, James S.
Total Number of Pages in this Submission	27
Attorney Docket Number	TAL:3983.003

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### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee transmittal form <input checked="" type="checkbox"/> Fee attached  <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of Cd(s)  Remarks: Other enclosures: 1. Return Receipt Postcard 2. Amendment Transmittal	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosures (identify below)
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### SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel L.L.P.
Signature	<i>Timothy A. Long</i>
Date	November 1, 2004

### CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being :			
<input type="checkbox"/> facsimile transmitted to the USPTO or			
<input checked="" type="checkbox"/> deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450			
<input checked="" type="checkbox"/> with sufficient postage as first class mail			
<input type="checkbox"/> as "Express Mail Post Office to Addressee" - mailing label no. _____			
Type or print name	Timothy A. Long		
Signature	<i>Timothy A. Long</i>	Date	November 1, 2004



2655  
A 41

Appl. No. : 09/768.989  
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TC/A.U. : 2655  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office action of July 1, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 12 of this paper.

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